

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO.

APPLICANT(S)

10748081

FILING DATE

12-30-03

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	/					
2		/				
3		/				
4		2				
5		2				
6		1				
7		1				
8		1				
9		1				
10		1				
11		1				
12		1				
13		1				
14		1				
15		1				
16		1				
17		1				
18		1				
19		1				
20	/	1				
21		1				
22		1				
23		1				
24		1				
25		1				
26		1				
27	/					
28		1				
29		1				
30		2				
31		1				
32		1				
33		1				
34		1				
35		1				
36		1				
37		1				
38		1				
39		1				
40		1				
41		1				
42		1				
43		1				
44		1				
45		1				
46		1				
47		1				
48		1				
49		1				
50		1				
TOTAL IND.	4					
TOTAL DEP.	59					
TOTAL CLAIMS	63	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

	IND	DEP	IND	DEP	IND	DEP
51		1				
52		1				
53		1				
54	1					
55		1				
56		1				
57		1				
58		1				
59		1				
60	1					
61						
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99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						